

REQUEST TO CHANGE OFFICERS OR CHAIRPERSONS
Must be submitted within 30 days of the date the change occurred. (KRS 238.525(6)).

1. Name of the Charitable Organization: _____
License Number ORG- _____

ADDITIONAL OFFICER(S)

- 2a. If you wish to **add an officer(s)** please complete the following section. These officers are subject to a state, and may be subject to a national, criminal history check which requires fingerprinting. If fingerprinting is required, additional information will be forwarded to you.

Name: _____
Officer's Title: _____

Name: _____
Officer's Title: _____

Note: PO Box is not acceptable

Note: PO Box is not acceptable

Home Street Address: _____
City/State/Zip _____
County _____
Daytime Telephone: (_____) _____
Home Telephone: (_____) _____
Date of Birth: _____
Social Security Number: _____

Home Street Address: _____
City/State/Zip _____
County _____
Daytime Telephone: (_____) _____
Home Telephone: (_____) _____
Date of Birth: _____
Social Security Number: _____

Name: _____
Officer's Title: _____

Name: _____
Officer's Title: _____

Note: PO Box is not acceptable

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Home Street Address: _____
City/State/Zip _____
County _____
Daytime Telephone: (_____) _____
Home Telephone: (_____) _____
Date of Birth: _____
Social Security Number: _____

Home Street Address: _____
City/State/Zip _____
County _____
Daytime Telephone: (_____) _____
Home Telephone: (_____) _____
Date of Birth: _____
Social Security Number: _____

OFFICER(S) TO BE REMOVED

- 2b. If you wish to **remove an officer**, list their name: _____



ADDITIONAL CHAIRPERSON(S)

- 3a. If you wish to **add a designated gaming chairperson(s)** please complete the following section. These persons are subject to a state, and may be subject to a federal, criminal history check which requires fingerprinting. If fingerprinting is required, additional information will be forwarded to you.

Name: _____ Name: _____

Note: PO Box is not acceptable

Home Street Address: _____
 City/State/Zip _____
 County _____
 Daytime Telephone: (____) _____
 Home Telephone: (____) _____
 Date of Birth: _____
 Social Security Number: _____

Note: PO Box is not acceptable

Home Street Address: _____
 City/State/Zip _____
 County _____
 Daytime Telephone: (____) _____
 Home Telephone: (____) _____
 Date of Birth: _____
 Social Security Number: _____

Please indicate whether they are:

☐ Employee or ☐ Member

If employee, please provide the job title or position held and their regular job duties:

Please indicate whether they are:

☐ Employee or ☐ Member

If employee, please provide the job title or position held and their regular job duties:

Name: _____ Name: _____

Note: PO Box is not acceptable

Home Street Address: _____
 City/State/Zip _____
 County _____
 Daytime Telephone: (____) _____
 Home Telephone: (____) _____
 Date of Birth: _____
 Social Security Number: _____

Note: PO Box is not acceptable

Home Street Address: _____
 City/State/Zip _____
 County _____
 Daytime Telephone: (____) _____
 Home Telephone: (____) _____
 Date of Birth: _____
 Social Security Number: _____

Please indicate whether they are:

☐ Employee or ☐ Member

If employee, please provide the job title or position held and their regular job duties:

Please indicate whether they are:

☐ Employee or ☐ Member

If employee, please provide the job title or position held and their regular job duties:

CHAIRPERSON REMOVAL

- 3b. If you wish to **delete chairperson(s)**, list them here: _____

CERTIFICATION (BY AN OFFICER)

I certify, under penalty of perjury, that I am an Officer authorized by the applicant to make change requests and that I have examined this change request and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding charitable gaming in the Commonwealth of Kentucky.

Signature: _____

Print name: _____

Title: _____

Date: _____

If you need any help completing this application, please call the Licensing branch at (502) 573-5528 or toll-free in Kentucky, (800) 729-5672.

Visit our website at:
<http://www.ocg.ky.gov>